



# ENROLMENT FORM

## CHILD DETAILS

**\* PLEASE COMPLETE IN BLOCK LETTERS USING BLUE OR BLACK PEN**

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Preferred name \_\_\_\_\_

Home address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Gender ☐ Male ☐ Female Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Please provide a copy of your child's birth certificate

What is your child's cultural background? \_\_\_\_\_

Please advise us of any cultural or religious practices you would like us to follow

Is your child of Aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No

What language is spoken at home? \_\_\_\_\_

Child's CRN \_\_\_\_\_

Days of Attendance

Monday	Tuesday	Wednesday	Thursday	Friday

Start date \_\_\_\_\_

If your child has siblings, please advise their names and ages?

\_\_\_\_\_  
\_\_\_\_\_



Please provide us with any other information we should know about your child (eg favourite activities, fears, routines, strengths, special words (please translate if applicable), toileting and sleeping practices etc)

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(Optional) If your child is going to school next year, please advise the name of the school.

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(Optional) Do you authorise the service to exchange information with the school to assist your child's transition to school?

Parent One ☐ Yes ☐ No Signature \_\_\_\_\_

Parent Two ☐ Yes ☐ No Signature \_\_\_\_\_

## PARENT DETAILS

### Parent One

### Parent Two

Where answer is same as Parent One write same

Surname \_\_\_\_\_

\_\_\_\_\_

Given Names \_\_\_\_\_

\_\_\_\_\_

Preferred name \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

\_\_\_\_\_

Work phone \_\_\_\_\_

\_\_\_\_\_

Mobile \_\_\_\_\_

\_\_\_\_\_

Best contact number \_\_\_\_\_

\_\_\_\_\_



Email \_\_\_\_\_

Parent's CRN \_\_\_\_\_

Country of birth \_\_\_\_\_

Cultural background \_\_\_\_\_

Preferred language \_\_\_\_\_

Does the child live with you? \_\_\_\_\_

## MEDICAL INFORMATION

Medicare Number \_\_\_\_\_ Do you have ambulance cover? ☐ Yes ☐ No

Private Health Fund ☐ Yes ☐ No Fund name \_\_\_\_\_ Fund Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Doctor's address \_\_\_\_\_

(Optional) Dentist's Name \_\_\_\_\_ (Optional) Dentist's phone number \_\_\_\_\_

(Optional) Dentist's address \_\_\_\_\_

## Immunisations

Are your child's immunisations up to date? ☐ Yes ☐ No

\* Please provide a copy of your child's Australian Childhood Immunisation Records (ACIR) Statement. (You can get a copy by calling 1800 653 809, by email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au), from a Medicare or Centrelink office or online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online) ).

If your child's immunisations are not up to date, please attach one of the following documents:

- ☐ A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule
- ☐ An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor



ACIR Immunisation History Statements and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/> The ACIR can be contacted on 1800 653 809 or email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)

### Specific Health Care Needs

Does your child have any specific health care needs or medical conditions eg asthma, allergies, anaphylaxis, diabetes? ☐ Yes ☐ No

If yes, please provide details

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\* If yes, please provide a Medical Management Plan for your child (these are prepared by and signed by the child's doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed, doctor's contact details, plan review date and include a photo of your child. We will then develop a risk minimisation plan to reduce the possible incidence of triggers in consultation with you.

Office use only: Child's health record sighted ☐ Yes Details \_\_\_\_\_

Medical Conditions Policy provided to parents if child has identified medical condition/health care need. ☐ Yes

### DIET

Does your child have any dietary restrictions that you have not already mentioned?

☐ Yes ☐ No

If yes, please provide details

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### ADDITIONAL NEEDS

Has your child been diagnosed with any special needs or learning difficulties?

☐ Yes ☐ No

If yes, please provide details

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## AUTHORISATIONS AND EMERGENCY CONTACTS

Do you authorise the Approved Provider, Nominated Supervisor or an educator to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency?

Parent 1 ☐ Yes

Signature\_\_\_\_\_

Parent 2 ☐ Yes

Signature\_\_\_\_\_

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must therefore live a maximum of 30 minutes from the service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

### Contact One – Authorised Nominee

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone

Work phone

Mobile

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact's Signature \_\_\_\_\_

### Parent One

I authorise this person to collect my child from your service ☐ Yes ☐ No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? ☐ Yes ☐ No

Can this person consent to medical treatment or the administration ☐ Yes ☐ No



of medication if we cannot contact you?

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you? ☐ Yes ☐ No

Can this person authorise our Centre to transport your child or arrange transportation of your child? ☐ Yes ☐ No

Parent One Signature \_\_\_\_\_

### Parent Two

I authorise this person to collect my child from your service ☐ Yes ☐ No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? ☐ Yes ☐ No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? ☐ Yes ☐ No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you? ☐ Yes ☐ No

Can this person authorise our Centre to transport your child or arrange transportation of your child? ☐ Yes ☐ No

Parent Two Signature \_\_\_\_\_

### Contact Two – Authorised Nominee

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact's Signature \_\_\_\_\_

### Parent One

I authorise this person to collect my child from your service ☐ Yes ☐ No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? ☐ Yes ☐ No



Can this person consent to medical treatment or the administration of medication if we cannot contact you? ☐ Yes ☐ No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you? ☐ Yes ☐ No

Can this person authorise our Centre to transport your child or arrange transportation of your child? ☐ Yes ☐ No

Parent One Signature \_\_\_\_\_

### Parent Two

I authorise this person to collect my child from your service ☐ Yes ☐ No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? ☐ Yes ☐ No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? ☐ Yes ☐ No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you? ☐ Yes ☐ No

Can this person authorise our Centre to transport your child or arrange transportation of your child? ☐ Yes ☐ No

Parent Two Signature \_\_\_\_\_

### Contact Three – Authorised to collect

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

### Contact Four – Authorised to collect

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_



Home phone

Work phone

Mobile

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

### Contact Five – Authorised to collect

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone

Work phone

Mobile

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

### COURT ORDERS

Are there any court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, or relating to the child's residence or contact with a parent or other person?

☐ Yes (please attach) ☐ No

### PHOTOGRAPHY

**I consent to the following my child being photographed/videoed by Bright Stars Pre-School & Long Day Care Centre for the following purposes:**

*(Please tick which points you give consent for)*

- ☐ **To document and support learning**, including evidence of learning, individualised planning, sharing with parents, reflecting on programs and practices, training, curriculum planning, documenting achievements, demonstrating regulatory compliance. Photos/videos stay within the service's community classroom and digital learning platforms, official staff communication systems, compliance/regulatory reports, in physical photo displays at the service
- ☐ **To communicate with families** about the service, events, activities or other relevant information (but not for marketing purposes). Photos/videos are shared publicly on our social media accounts and newsletters.





- ☐ **For external marketing/promotion** of the service, including with third party marketing/promotional platforms/agencies in newsletters and social media.
- ☐ **Professional photography/videos**, including group/class photos and special events
- ☐ **To support research projects or student practicum placements**, to be used in academic/research settings, including print and online journals, conferences, assignments, presentations

I understand that:

- I can withdraw my consent at any time by advising the nominated supervisor in writing
- Bright Stars Pre-School & Long Day Care Centre owns copyright of the photographs/videos it captures. This means that it can use the photos/videos in the way specified in this form without notifying, acknowledging or compensating you or your child
- Except in the case of external photographers, students or researchers, photos/videos will be taken and used by authorised staff only
- My child will be identified by their first name and surname initial only in photos/videos
- Photographs/videos will be handled according to the relevant privacy and child safety laws
- Photographs/videos will be stored securely, and access will be restricted to authorised individuals only
- Photos/videos will be retained only for as long as they are needed for their intended purpose, after which they will destroyed/deleted in a secure manner
- I need consent to take and use photos/videos of other people at the service, including children and families other than my own, staff members and visitors. If I don't have the consent of a child's parents, or the consent of an adult, I will only photograph/video my own child at our service
- I cannot share photos/videos (e.g., on social media) if the photo/video also includes identifiable characteristics of another child or adult at the service, unless I have the relevant consent
- does not accept responsibility for the distribution or use of any photograph/video taken by any person who is not a staff member, volunteer, student, or a third-party who we have engaged to carry out childcare related work

Parent One ☐ Yes ☐ No Signature\_\_\_\_\_

Parent Two ☐ Yes ☐ No Signature\_\_\_\_\_

## KINDER M8 APP CONSENT

I give permission for my child's data (which includes, but is not limited to, Full Name, Date of Birth, Address, Telephone Number and Parent's Details) to be entered into the Kinder m8



Software for use in creating an online portfolio and information management. This portfolio will only be viewable by myself and anyone else that I share the login details with. Under no circumstances will Kinder m8 share this information with any third party.

I agree that any registration information provided for use on Kinder m8 will always be accurate, correct and up to date. I acknowledge that I am responsible for keeping all usernames and passwords required to access the Application secure and confidential.

I give permission for photographs of group activities, which may include images of my child, to be included in Learning Journals, which will be posted on the Kinder m8 site and may be emailed to other parents or guardians of children who attend this centre.

Parent One ☐ Yes ☐ No Signature\_\_\_\_\_

Parent Two ☐ Yes ☐ No Signature\_\_\_\_\_

## FACEBOOK/INSTAGRAM PHOTOS CONSENT

We are thinking of new ways to promote family input by adding minimal workload on families. We see some wonderful photos on Facebook and/or Instagram of children and their families. We would like to seek your consent to print these photos and display them in the service. They will classify as your family input and will assist us in creating a "Family Photo" wall.

Do you allow us to use your personal Facebook photos?

Parent One ☐ Yes ☐ No Signature\_\_\_\_\_

Parent Two ☐ Yes ☐ No Signature\_\_\_\_\_

## REGULAR OUTINGS

We may undertake regular outings to places eg the park or post office. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outing?

Parent One ☐ Yes ☐ No Signature\_\_\_\_\_

Parent Two ☐ Yes ☐ No Signature\_\_\_\_\_



## REGULAR TRANSPORTATION

If we regularly transport your child to or from a venue other than during excursions or regular outings, we will first obtain your authorisation outlining all relevant details and risks involved. If the risks do not change for subsequent transportation to and from the same venue over the next 12 months, do you authorise the regular transportation for this period?

Parent One ☐ Yes ☐ No Signature\_\_\_\_\_

Parent Two ☐ Yes ☐ No Signature\_\_\_\_\_

## ADMINISTRATION OF AUTHORISED MEDICATION

As per Regulation 93 of the Education and Care Services National Regulations (2011 SI 653), we will only administer medication if we have written consent by a parent or person authorised to authorise the administration of medication. We can only accept verbal consent for the administration of paracetamol in a medical emergency. If a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service personnel will be contacted to obtain authorisation.

Do you allow the Responsible Person to administer paracetamol in a medical emergency?

Parent One ☐ Yes ☐ No Signature\_\_\_\_\_

Parent Two ☐ Yes ☐ No Signature\_\_\_\_\_

## DECLARATION

As a person who has parental responsibility for the child referred to in this enrolment form for Bright Stars Pre-School & Long Day Care Centre I:

- declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information
- understand there may be costs involved in the provision of professional medical, ambulance or hospital services to my child as a result of a medical emergency or accident at the service, and I agree to pay those costs
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service



- will not send my child to the service if he/she is sick/unwell
- understand my child must have any required medication (including Epipen) with them at the service at all times or they will be unable to attend
- understand and agree that a first aid trained staff member may administer first aid when necessary
- declare that I have read and understood the Code of Conduct and policies of the Service and will abide by them. These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy
- have read and will comply with the fees and payment structure of Bright Stars Pre-School & Long Day Care Centre
- agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details)
- agree to provide updated information about my child's immunisations whenever he or she is vaccinated
- agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy
- agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment
- agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes
- understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member
- understand that the service takes all care but no responsibility for the loss or damage to children's personal belongings and clothing
- agree to give a two week notice period in writing prior to termination of care and/or withdrawal from the centre. I am aware that if this requirement is not fulfilled, I will be charged full fee for the duration of the notice. The child must attend the last day of the notice period otherwise full fee applies

Parent One ☐ Yes ☐ No Signature\_\_\_\_\_

Parent Two ☐ Yes ☐ No Signature\_\_\_\_\_



## **Privacy Notice**

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare number, immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is Amal Abdallah who may be contacted by telephone on (02) 9592 3266 or email [bright\\_stars@optusnet.com.au](mailto:bright_stars@optusnet.com.au) or by mail 20 Villiers St, Rockdale, 2216.

We will provide a copy of any updates to our Privacy and Confidentiality Policy in our family communication book and newsletter.